

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	W/O.	DEP.	W/O.	DEP.	W/O.	DEP.		
1							61	
2							62	
3							63	
4							64	
6							66	
6							66	
7							67	
8							68	
9							69	
10							60	
11							61	
12							62	
13							63	
14							64	
16							66	
16							66	
17							67	
18							68	
19							69	
20							70	
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31							81	
32							82	
33							83	
34							84	
36							86	
36							86	
37							87	
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39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
46							96	
46							96	
47							97	
48							98	
49							99	
60							100	
TOTAL W/O.	6						TOTAL W/O.	
TOTAL DEP.	35						TOTAL DEP.	
TOTAL	41						TOTAL	

FILING DATE

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT	
	WFO.	DOF.	WFO.	DOF.	WFO.	DOF.
1						
2						
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46						
46						
47						
48						
49						
60						
TOTAL WFO.	6					
TOTAL DOF.	35					
TOTAL						

	MO.	DEF.	MO.	DEF.	MO.	DEF.
61						
62						
63						
64						
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67						
68						
69						
60						
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95						
96						
97						
98						
99						
100						
TOTAL MO.						
TOTAL DEF.						
TOTAL						